Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| ID0022781     | 001-A            |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO        | DRING PERIOD     |
| MM/DD/YYYY    | MM/DD/YYYY       |
| 11/01/2015    | 11/30/2015       |

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADII | NG    | Ql              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|-----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE           | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | *****        | ****            | ***** | *****           | 12.06                 | 14.6                  |       |     |                    |                    |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | .86                   | ****                  |       |     | Four per<br>Month  |                    |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>DAILY MN | *****                 | mg/L  |     | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 3            | 4               |       | *****           | 4                     | 7                     |       |     | Four per<br>Month  |                    |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG  | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | 112                   | ****                  |       |     | Four per<br>Month  |                    |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | *****                 | mg/L  |     | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | *****           | ****  | 6.8             | *****                 | 8.3                   |       |     |                    |                    |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 4            | 6               |       | *****           | 5                     | 8                     |       |     | Four per<br>Month  |                    |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG  | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****         | *****           | ***** | *****           | 274                   | ****                  |       |     | Four per<br>Month  |                    |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | ****            | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the   |   | TELEP     | HONE   | DATE       |
|--|--|---|-----------|--------|------------|
|  | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR |           |        |            |
| TYPED OR PRINTED                       | amormation, including the possibility of the and imprisonment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| ID0022781     | 001-A            |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO        | ORING PERIOD     |
| MM/DD/YYYY    | MM/DD/YYYY       |
| 11/01/2015    | 11/30/2015       |

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | NG    | Ql            | JALITY OR CON | CENTRATION      |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|---------------|---------------|-----------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE         | VALUE         | VALUE           | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | 1.21                | 3.45                  |       | *****         | 1.8           | 5.3             |         |     |                   |                    |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****         | 2.5<br>MO AVG | 7.8<br>DAILY MX | mg/L    |     | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .06                 | .1                    |       | *****         | 95            | 127             |         |     |                   |                    |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****         | 50<br>MO AVG  | 131<br>WKLY AVG | ug/L    |     | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 2.225               | .0992                 |       | ****          | ****          | ****            | *****   |     |                   |                    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****         | ****          | ****            | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | *****         | 2             | 2               |         |     |                   |                    |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****         | 126<br>MO GEO | 235<br>INST MAX | #/100mL |     | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 97            | ****          | ****            |         |     | Four per<br>Month |                    |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 96            | ****          | ****            |         |     | Four per<br>Month |                    |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |

|  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   |  | TELEPI    | HONE   | DATE       |
|--|--|--|-----------|--------|------------|
|  | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| ID0022781     | 001-A            |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO        | DRING PERIOD     |
| MM/DD/YYYY    | MM/DD/YYYY       |
| 12/01/2015    | 12/31/2015       |

DMR Mailing ZIP CODE: 83851

MINOR

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUANTITY OR LOADING |                |       | QUANTITY OR LOADING QUALITY OR CONCENTRATION |                       |                       |       |    |                    | SAMPLE            |
|---------------------------------------|-----------------------|---------------------|----------------|-------|--|-----------------------|-----------------------|-------|----|--------------------|-------------------|
| PARAMETER                             |                       | VALUE               | VALUE          | UNITS | VALUE  | VALUE                 | VALUE                 | UNITS | EX | OF ANALYSIS        | TYPE              |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | *****               | *****          | ***** | *****  | 9.7                   | 10.2                  |       |    |                    |                   |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****                | ****           | ***** | *****  | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |    | Continuous         | Recorde<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****                | *****          | ****  | ****   | .57                   | ****                  |       |    | 11 per Month       |                   |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****                | ****           | ***** | *****  | Req. Mon.<br>DAILY MN | ****                  | mg/L  |    | Monthly            | GRAB              |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 6.08                | 17.98          |       | ****   | 5.3                   | 6.3                   |       |    | Four per<br>Month  |                   |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG        | 40<br>WKLY AVG | lb/d  | *****  | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |    | Twice per<br>Month | COMP24            |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****                | ****           | ****  | *****  | 90.8                  | ****                  |       |    | Five per<br>Month  |                   |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****                | ****           | ***** | *****  | Req. Mon.<br>MO AVG   | ****                  | mg/L  |    | Twice per<br>Month | COMP24            |
| рН                                    | SAMPLE<br>MEASUREMENT | ****                | ****           | ****  | 6.55   | ****                  | 7.14                  |       |    | Three per<br>Week  |                   |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****                | ****           | ****  | 6.5<br>INST MIN                              | ****                  | 8.5<br>INST MAX       | SU    |    | Weekly             | GRAB              |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 5.736               | 22.8           |       | ****   | 5                     | 9                     |       |    | Five per<br>Month  |                   |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG        | 67<br>WKLY AVG | lb/d  | *****  | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |    | Twice per<br>Month | COMP24            |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | *****               | *****          | ***** | *****  | 518.4                 | *****                 |       |    | Five per<br>Month  |                   |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****                | ****           | ****  | *****  | Req. Mon.<br>MO AVG   | ****                  | mg/L  |    | Twice per<br>Month | COMP24            |

| 1                | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   |   | TELEP     | HONE   | DATE       |
|------------------|--|---|-----------|--------|------------|
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| TYPED OR PRINTED | anormation, more and imprisonment of knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| ID0022781     | 001-A            |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO        | ORING PERIOD     |
| MM/DD/YYYY    | MM/DD/YYYY       |
| 12/01/2015    | 12/31/2015       |

DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|   |                       | QUAN                | ITITY OR LOADII       | NG    | Q     | UALITY OR CON | CENTRATION            |         | NO. | FREQUENCY         | SAMPLE             |
|---|-----------------------|---------------------|-----------------------|-------|-------|---------------|-----------------------|---------|-----|-------------------|--------------------|
| PARAMETER                                   |                       | VALUE               | VALUE                 | UNITS | VALUE | VALUE         | VALUE                 | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]              | SAMPLE<br>MEASUREMENT | 5.002               | 4.423                 |       | ***** | 4.36          | 7.46                  |         |     |                   |                    |
| 00610 1 0<br>Effluent Gross                 | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | ****  | 2.5<br>MO AVG | 7.8<br>DAILY MX       | mg/L    |     | Weekly            | COMP24             |
| Nitrogen, Kjeldahl, total [as N]            | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | ***** | ****          | 9.01                  |         |     | Four per<br>Month |                    |
| 00625 1 0<br>Effluent Gross                 | PERMIT<br>REQUIREMENT | ****                | ****                  | ****  | ****  | *****         | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | COMP24             |
| Nitrite + Nitrate total [as N]              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | ****  | ****          | .5                    |         |     |                   |                    |
| 00630 1 0<br>Effluent Gross                 | PERMIT<br>REQUIREMENT | ****                | ****                  | ****  | ****  | *****         | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | COMP24             |
| Phosphorus, total [as P]                    | SAMPLE<br>MEASUREMENT | .055                | .032                  |       | ***** | 24            | 121                   |         |     |                   |                    |
| 00665 1 0<br>Effluent Gross                 | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | ****  | 50<br>MO AVG  | 131<br>WKLY AVG       | ug/L    |     | Weekly            | COMP24             |
| Oil and grease                              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ****  | ****          | 1                     |         |     |                   |                    |
| 03582 1 0<br>Effluent Gross                 | PERMIT<br>REQUIREMENT | ****                | ****                  | ****  | ****  | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | GRAB               |
| Flow, in conduit or thru<br>treatment plant | SAMPLE<br>MEASUREMENT | 4.2733              | .3676                 |       | ***** | ****          | ****                  | *****   |     |                   |                    |
| 50050 1 0<br>Effluent Gross                 | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | ****  | *****         | *****                 | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                     | SAMPLE<br>MEASUREMENT | ****                | *****                 | ***** | ***** | 2.2           | 4.5                   |         |     |                   |                    |
| 51040 1 0<br>Effluent Gross                 | PERMIT<br>REQUIREMENT | ****                | *****                 | ***** | ****  | 126<br>MO GEO | 235<br>INST MAX       | #/100mL |     | Five per<br>Month | GRAB               |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations. **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| Γ | ID0022781     | Г   | 001-A            |
|---|---------------|-----|------------------|
|   | PERMIT NUMBER |     | DISCHARGE NUMBER |
|   |               |     |                  |
|   | MONITO        | 2RI | NG PERIOD        |
|   | MM/DD/YYYY    | ]   | MM/DD/YYYY       |
|   | 12/01/2015    | 1   | 12/31/2015       |

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                   |                       | QUAN  | TITY OR LOADII | NG    | Ql            | JALITY OR CON | CENTRATION            |       | NO. | FREQUENCY         | SAMPLE |
|-----------------------------------|-----------------------|-------|----------------|-------|---------------|---------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER                         |                       | VALUE | VALUE          | UNITS | VALUE         | VALUE         | VALUE                 | UNITS | EX  | OF ANALYSIS       | TYPE   |
| Solids, total dissolved           | SAMPLE<br>MEASUREMENT | ****  | *****          | ***** | *****         | *****         | 320                   |       |     |                   |        |
| 70295 1 0<br>Effluent Gross       | PERMIT<br>REQUIREMENT | ***** | *****          | ***** | *****         | *****         | Req. Mon.<br>DAILY MX | mg/L  |     | Quarterly         | COMP24 |
| BOD, 5-day, percent removal       | SAMPLE<br>MEASUREMENT | ***** | ****           | ***** | 86            | *****         | *****                 |       |     | Four per<br>Month |        |
| 81010 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ****  | ****           | ****  | 85<br>MINIMUM | *****         | ****                  | %     |     | Monthly           | CALCTD |
| Solids, suspended percent removal | SAMPLE<br>MEASUREMENT | ***** | ****           | ***** | 97            | *****         | *****                 |       |     | Four per<br>Month |        |
| 81011 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ****  | *****          | ***** | 85<br>MINIMUM | *****         | *****                 | %     |     | Monthly           | CALCTD |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   |   | TELEPI    | HONE   | DATE       |
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| TYPED OR PRINTED                       | and matter, melating the possibility of the and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

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NÄME: '\ PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| ID0022781     | 001-A             |  |  |  |  |  |  |  |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER  |  |  |  |  |  |  |  |
| MONITO        | MONITORING PERIOD |  |  |  |  |  |  |  |
| MM/DD/YYYY    | MM/DD/YYYY        |  |  |  |  |  |  |  |
| 01/01/2016    | 01/31/2016        |  |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADII | TITY OR LOADING |                 | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|-----------------|-----------------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE           | UNITS           | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****            | *****           | *****           | 8.02                  | 9.04                  |       |     |                    |                    |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | *****           | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****            | ****            | *****           | 1.03                  | ****                  |       |     | Four per<br>Month  |                    |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****            | *****           | Req. Mon.<br>DAILY MN | ****                  | mg/L  |     | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 40           | 143             |                 | ****            | 14                    | 33                    |       |     | Four per<br>Month  |                    |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG  | lb/d            | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****            | ****            | *****           | 41                    | ****                  |       |     | Four per<br>Month  |                    |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | *****           | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | ****            | ****            | 6.59            | ****                  | 7.12                  |       |     |                    |                    |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****            | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 60           | 4               |                 | ****            | 21                    | 5                     |       |     | Four per<br>Month  |                    |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG  | lb/d            | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | *****        | ****            | *****           | *****           | 154                   | *****                 |       |     | Four per<br>Month  |                    |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | *****           | *****           | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |

certify under penalty of law that this document and all attachments were prepared under my DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations. **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| Γ | ID0022781         |      | 001-A            |  |  |  |  |  |
|---|-------------------|------|------------------|--|--|--|--|--|
|   | PERMIT NUMBER     |      | DISCHARGE NUMBER |  |  |  |  |  |
|   | MONITORING PERIOD |      |                  |  |  |  |  |  |
|   | MONTE             | )RIN | G PERIOD         |  |  |  |  |  |
|   | MM/DD/YYYY        |      | MM/DD/YYYY       |  |  |  |  |  |
|   | 01/01/2016        | 1    | 01/31/2016       |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

MINOR

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | NG    | Ql            | JALITY OR CON | QUALITY OR CONCENTRATION |         |    |                   | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|---------------|---------------|--------------------------|---------|----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE         | VALUE         | VALUE                    | UNITS   | EX | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | 32                  | 63                    |       | *****         | 11            | 22                       |         |    |                   |                    |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****         | 2.5<br>MO AVG | 7.8<br>DAILY MX          | mg/L    |    | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .63                 | .38                   |       | ****          | 220           | 87                       |         |    |                   |                    |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****         | 50<br>MO AVG  | 131<br>WKLY AVG          | ug/L    |    | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 8.6971              | .5556                 |       | ****          | ****          | *****                    | *****   |    |                   |                    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****         | ****          | ****                     | *****   |    | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | ****          | 9             | 79                       |         |    |                   |                    |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****         | 126<br>MO GEO | 235<br>INST MAX          | #/100mL |    | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | .09           | ****          | ****                     |         |    | Four per<br>Month |                    |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****                    | %       |    | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | .9            | ****          | ****                     |         |    | Four per<br>Month |                    |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****                    | %       |    | Monthly           | CALCTD             |

|                  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   |   | TELEP     | HONE   | DATE       |
|------------------|--|---|-----------|--------|------------|
|                  | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR |           |        |            |
| TYPED OR PRINTED | and matter, meating the possibility of this and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| ID0022781     | 001-A             |  |  |  |  |  |  |  |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER  |  |  |  |  |  |  |  |
| MONITO        | MONITORING PERIOD |  |  |  |  |  |  |  |
| MM/DD/YYYY    | MM/DD/YYYY        |  |  |  |  |  |  |  |
| 02/01/2016    | 02/29/2016        |  |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADII | NG    | Ql              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|-----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE           | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | 8.43                  | 9.6                   |       |     |                    |                    |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | .71                   | *****                 |       |     | Eight per<br>Month |                    |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>DAILY MN | ****                  | mg/L  |     | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 9            | 8.68            |       | ****            | 6                     | 7                     |       |     | Four per<br>Month  |                    |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG  | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | 46                    | *****                 |       |     | Four per<br>Month  |                    |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | 5.84            | ****                  | 6.99                  |       |     |                    |                    |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT |              |                 |       | *****           | 3                     | 6                     |       |     | Four per<br>Month  |                    |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG  | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | 164                   | ****                  |       |     | Four per<br>Month  |                    |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| Γ | ID0022781         |   | 001-A            |  |  |  |  |  |
|---|-------------------|---|------------------|--|--|--|--|--|
|   | PERMIT NUMBER     |   | DISCHARGE NUMBER |  |  |  |  |  |
|   | MONITORING PERIOD |   |                  |  |  |  |  |  |
|   | MM/DD/YYYY        |   | MM/DD/YYYY       |  |  |  |  |  |
|   | 02/01/2016        | Ì | 02/29/2016       |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | NG    | Ql            | JALITY OR CON | CENTRATION      |         | - FV OF ANALYSI | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|---------------|---------------|-----------------|---------|-----------------|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE         | VALUE         | VALUE           | UNITS   | EX              | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | .248                | .248                  |       | *****         | .1395         | .2              |         |                 |                   |                    |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****         | 2.5<br>MO AVG | 7.8<br>DAILY MX | mg/L    |                 | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .188                | .1186                 |       | *****         | 126           | 82              |         |                 |                   |                    |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****         | 50<br>MO AVG  | 131<br>WKLY AVG | ug/L    |                 | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .2373               | .5565                 |       | ****          | ****          | ****            | *****   |                 |                   |                    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****         | ****          | ****            | *****   |                 | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ****          | 2             | 2               |         |                 |                   |                    |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****         | 126<br>MO GEO | 235<br>INST MAX | #/100mL |                 | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 89            | ****          | ****            |         |                 | Four per<br>Month |                    |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | *****         | *****           | %       |                 | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  |               | ****          | ****            |         |                 |                   |                    |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****           | %       |                 | Monthly           | CALCTD             |

|                  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   |   | TELEP     | HONE   | DATE       |
|------------------|--|---|-----------|--------|------------|
|                  | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR |           |        |            |
| TYPED OR PRINTED | and matter, meating the possibility of this and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLÄRK, MAYOR

| ID0022781         | 001-A            |  |  |  |  |  |  |  |
|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER     | DISCHARGE NUMBER |  |  |  |  |  |  |  |
| MONITORING PERIOD |                  |  |  |  |  |  |  |  |
| MM/DD/YYYY        | MM/DD/YYYY       |  |  |  |  |  |  |  |
| 03/01/2016        | 03/31/2016       |  |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADII | TY OR LOADING |                 | QUALITY OR CONCENTRATION |                       |       | NO.  | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|-----------------|---------------|-----------------|--------------------------|-----------------------|-------|------|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE           | UNITS         | VALUE           | VALUE                    | VALUE                 | UNITS | T EX | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****            | *****         | *****           | 9.5                      | 10.6                  |       |      |                    |                    |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | *****         | *****           | Req. Mon.<br>MO AVG      | Req. Mon.<br>DAILY MX | deg C |      | Continuous         | Recorder<br>(auto) |
| Dxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****            | ****          | *****           | 5.5                      | ****                  |       |      | 11 per Month       |                    |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****          | *****           | Req. Mon.<br>DAILY MN    | ****                  | mg/L  |      | Monthly            | GRAB               |
| 30D, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 12           | 21              |               | *****           | 5                        | 6                     |       |      | Five per<br>Month  |                    |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG  | lb/d          | *****           | 10<br>MO AVG             | 15<br>WKLY AVG        | mg/L  |      | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****            | ****          | *****           | 62                       | ****                  |       |      | Five per<br>Month  |                    |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | *****         | *****           | Req. Mon.<br>MO AVG      | ****                  | mg/L  |      | Twice per<br>Month | COMP24             |
| PΗ                                    | SAMPLE<br>MEASUREMENT | ****         | ****            | ****          | 6               | ****                     | 7.8                   |       |      | Three per<br>Week  |                    |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****          | 6.5<br>INST MIN | ****                     | 8.5<br>INST MAX       | SU    |      | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 16           | 31              |               | ****            | 7                        | 18                    |       |      | Five per<br>Month  |                    |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG  | lb/d          | *****           | 17<br>MO AVG             | 25<br>WKLY AVG        | mg/L  |      | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****         | ****            | *****         | *****           | 121                      | *****                 |       |      | Five per<br>Month  |                    |
| 00530 G 0                             | PERMIT                | *****        | *****           | *****         | *****           | Req. Mon.<br>MO AVG      | *****                 | mg/L  |      | Twice per          | COMP24             |

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TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| ID0022781         | 001-A            |  |  |  |  |  |  |  |
|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER     | DISCHARGE NUMBER |  |  |  |  |  |  |  |
| MONITORING PERIOD |                  |  |  |  |  |  |  |  |
| MM/DD/YYYY        | MM/DD/YYYY       |  |  |  |  |  |  |  |
| 03/01/2016        | 03/31/2016       |  |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADI        | NG    | Ql    | JALITY OR CON | CENTRATION            | _       | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|-------|---------------|-----------------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE | VALUE         | VALUE                 | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | .86                 | 2.41                  |       | ***** | 1.19          | 3.51                  |         |     |                   |                    |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | ***** | 2.5<br>MO AVG | 7.8<br>DAILY MX       | mg/L    |     | Weekly            | COMP24             |
| Nitrogen, Kjeldahl, total [as N]         | SAMPLE<br>MEASUREMENT | ****                | *****                 | ****  | ***** | ****          | 4.09                  |         |     |                   |                    |
| 00625 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | COMP24             |
| Nitrite + Nitrate total [as N]           | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | ****  | ****          | .5                    |         |     |                   | _                  |
| 00630 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ****  | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .114                | .035                  |       | ****  | 35            | 63                    |         |     |                   |                    |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | ***** | 50<br>MO AVG  | 131<br>WKLY AVG       | ug/L    |     | Weekly            | COMP24             |
| Oil and grease                           | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ***** | ****          | 1.16                  |         |     |                   |                    |
| 03582 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | GRAB               |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .3062               | .5919                 |       | ***** | ****          | ****                  | *****   |     |                   |                    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | ***** | ****          | *****                 | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | *****               | *****                 | ***** | ***** | 3.5           | 22                    |         |     |                   |                    |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | ****  | 126<br>MO GEO | 235<br>INST MAX       | #/100mL |     | Five per<br>Month | GRAB               |

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direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| Г | ID0022781     | Γ  | 001-A            |
|---|---------------|----|------------------|
|   | PERMIT NUMBER |    | DISCHARGE NUMBER |
|   |               | _  |                  |
|   | MONITO        | )R | ING PERIOD       |
|   | MM/DD/YYYY    | ]  | MM/DD/YYYY       |
|   | 03/01/2016    | 1  | 03/31/2016       |

DMR Mailing ZIP CODE: 83851

MINOR \$

IIIVOR .

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                   |                       | QUAN  | TITY OR LOADII | NG    | Ql            | JALITY OR CON | CENTRATION            | _     | NO. | FREQUENCY         | SAMPLE |
|-----------------------------------|-----------------------|-------|----------------|-------|---------------|---------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER                         |                       | VALUE | VALUE          | UNITS | VALUE         | VALUE         | VALUE                 | UNITS | EX  | OF ANALYSIS       | TYPE   |
| Solids, total dissolved           | SAMPLE<br>MEASUREMENT | ****  | *****          | ***** | *****         | *****         | 172                   |       |     |                   |        |
| 70295 1 0<br>Effluent Gross       | PERMIT<br>REQUIREMENT | ****  | ****           | ***** | *****         | ****          | Req. Mon.<br>DAILY MX | mg/L  |     | Quarterly         | COMP24 |
| BOD, 5-day, percent removal       | SAMPLE<br>MEASUREMENT | ***** | *****          | ***** | 93            | ****          | *****                 |       | 1   | Five per<br>Month |        |
| 81010 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ****  | ****           | ****  | 85<br>MINIMUM | ****          | ****                  | %     |     | Monthly           | CALCTD |
| Solids, suspended percent removal | SAMPLE<br>MEASUREMENT | ***** | ****           | ****  | 95            | ****          | ****                  |       |     | Five per<br>Month |        |
| 81011 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ****  | *****          | ***** | 85<br>MINIMUM | *****         | *****                 | %     |     | Monthly           | CALCTD |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   |   | TELEPI    | HONE   | DATE       |
|--|--|---|-----------|--------|------------|
|  | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR |           |        |            |
| TYPED OR PRINTED                       | anomaton, neigang the possibility of the ana imprisonment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

Form Approved OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| Γ | ID0022781         |       | 001-A            |  |  |  |  |  |
|---|-------------------|-------|------------------|--|--|--|--|--|
|   | PERMIT NUMBER     |       | DISCHARGE NUMBER |  |  |  |  |  |
|   | MONITORING PERIOD |       |                  |  |  |  |  |  |
|   | MONTE             | אוואל | G PERIOD         |  |  |  |  |  |
|   | MM/DD/YYYY        |       | MM/DD/YYYY       |  |  |  |  |  |
|   | 04/01/2016        | 1     | 04/30/2016       |  |  |  |  |  |

DMR Mailing ZIP CODE:

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADI | NG    | Ql              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          |                   |  |
|---------------------------------------|-----------------------|--------------|----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|-------------------|--|
| PARAMETER                             |                       | VALUE        | VALUE          | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE              |  |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | *****        | ****           | ***** | *****           | 12.3                  | 14.1                  |       |     |                    |                   |  |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | *****        | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorde<br>(auto) |  |
| Dxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | *****           | 6.47                  | ****                  |       |     |                    |                   |  |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****           | ****  | *****           | Req. Mon.<br>DAILY MN | ****                  | mg/L  |     | Monthly            | GRAB              |  |
| 30D, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 4.3          | 6.6            |       | ****            | 3.7                   | 4.7                   |       |     | Four per<br>Month  |                   |  |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24            |  |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | *****           | 112                   | ****                  |       |     | Four per<br>Month  |                   |  |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24            |  |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | 6.3             | ****                  | 6.71                  |       |     |                    |                   |  |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | *****          | ****  | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB              |  |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 3            | 4.9            |       | ****            | 3                     | 5                     |       |     | Four per<br>Month  |                   |  |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24            |  |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | *****        | ****           | ***** | *****           | 650                   | *****                 |       |     | Four per<br>Month  |                   |  |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****           | ****  | ****            | Req. Mon.<br>MO AVG   | *****                 | mg/L  |     | Twice per<br>Month | COMP24            |  |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations. **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| Γ | ID0022781         |   | 001-A            |  |  |  |  |  |  |
|---|-------------------|---|------------------|--|--|--|--|--|--|
|   | PERMIT NUMBER     |   | DISCHARGE NUMBER |  |  |  |  |  |  |
|   | MONITORING PERIOD |   |                  |  |  |  |  |  |  |
|   | MM/DD/YYYY        |   | MM/DD/YYYY       |  |  |  |  |  |  |
|   | 04/01/2016        | Ì | 04/30/2016       |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

MINOR

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | VG    | QUALITY OR CONCENTRATION |               |                 |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|---------------|-----------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE         | VALUE           | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | 1.2                 | 2                     |       | *****                    | 1             | 1.9             |         |     |                   |                    |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****                    | 2.5<br>MO AVG | 7.8<br>DAILY MX | mg/L    |     | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .026                | .03                   |       | *****                    | 24            | 28              |         |     |                   |                    |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****                    | 50<br>MO AVG  | 131<br>WKLY AVG | ug/L    |     | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .128                | .1838                 |       | ****                     | ****          | *****           | *****   |     |                   |                    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | ****                     | *****         | ****            | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | ****                     | 1.12          | 1.8             |         |     |                   |                    |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****                    | 126<br>MO GEO | 235<br>INST MAX | #/100mL |     | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | *****                 | ****  | 96                       | ****          | ****            |         |     |                   |                    |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | ****                | ****                  | ****  | 85<br>MINIMUM            | ****          | *****           | %       |     | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 99                       | ****          | ****            |         |     |                   |                    |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM            | ****          | *****           | %       |     | Monthly           | CALCTD             |

|  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the |  | TELEPI    | HONE   | DATE       |
|--|--|--|-----------|--------|------------|
|  | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,  | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLÄRK, MAYOR

| ID0022781     | 001-A             |  |  |  |  |  |  |  |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER  |  |  |  |  |  |  |  |
| MONITO        | MONITORING PERIOD |  |  |  |  |  |  |  |
| MM/DD/YYYY    | MM/DD/YYYY        |  |  |  |  |  |  |  |
| 05/01/2016    | 05/31/2016        |  |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUANTITY OR LOADING |                |       | Ql              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|---------------------|----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE               | VALUE          | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****                | ****           | ***** | *****           | 15                    | 16.4                  |       |     |                    |                    |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****                | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****                | ****           | ****  | *****           | 5.42                  | ****                  |       |     |                    |                    |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****                | ****           | ****  | ****            | Req. Mon.<br>DAILY MN | ****                  | mg/L  |     | Monthly            | GRAB               |
| 3OD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 3.5                 | 4.6            |       | *****           | 3.3                   | 4.7                   |       |     |                    |                    |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG        | 40<br>WKLY AVG | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****                | ****           | ****  | *****           | 193                   | ****                  |       |     |                    |                    |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****                | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |
| H                                     | SAMPLE<br>MEASUREMENT | ****                | ****           | ****  | 6.53            | ****                  | 6.89                  |       |     |                    |                    |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****                | ****           | ****  | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 17                  | 6.8            |       | *****           | 3                     | 6                     |       |     |                    |                    |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG        | 67<br>WKLY AVG | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****                | ****           | ***** | *****           | 3482                  | *****                 |       |     |                    |                    |
| 00530 G 0                             | PERMIT                | *****               | ****           | ***** | ****            | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| ID0022781     | 001-A             |  |  |  |  |  |  |  |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER  |  |  |  |  |  |  |  |
| MONITO        | MONITORING PERIOD |  |  |  |  |  |  |  |
| MM/DD/YYYY    | MM/DD/YYYY        |  |  |  |  |  |  |  |
| 05/01/2016    | 05/31/2016        |  |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | NG    | Ql            | JALITY OR CON | CENTRATION      |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|---------------|---------------|-----------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE         | VALUE         | VALUE           | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | .13                 | .13                   |       | *****         | .11           | .11             |         |     |                   |                    |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****         | 2.5<br>MO AVG | 7.8<br>DAILY MX | mg/L    |     | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .02                 | .04                   |       | *****         | 24            | 36              |         |     |                   |                    |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****         | 50<br>MO AVG  | 131<br>WKLY AVG | ug/L    |     | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .151                | .407                  |       | ****          | ****          | *****           | *****   |     |                   |                    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****         | *****         | ****            | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | *****         | 1             | 1               |         |     |                   |                    |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****         | 126<br>MO GEO | 235<br>INST MAX | #/100mL |     | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 98            | ****          | ****            |         |     |                   |                    |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 99            | ****          | ****            |         |     |                   |                    |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |

|                  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   |   | TELEP     | HONE   | DATE       |
|------------------|--|---|-----------|--------|------------|
|                  | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR |           |        |            |
| TYPED OR PRINTED | and matter, meating the possibility of this and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

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PLUMMER, ID 83851

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RESERVATION)

ATTN: TIM CLÄRK, MAYOR

| Γ | ID0022781         |   | 001-A            |  |  |  |  |  |
|---|-------------------|---|------------------|--|--|--|--|--|
|   | PERMIT NUMBER     |   | DISCHARGE NUMBER |  |  |  |  |  |
|   | MONITORING PERIOD |   |                  |  |  |  |  |  |
|   | MM/DD/YYYY        | ] | MM/DD/YYYY       |  |  |  |  |  |
|   | 06/01/2016        | 1 | 06/30/2016       |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADI | NG    | QI              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE          | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****           | ***** | *****           | 17.5                  | 19.9                  |       |     |                    |                    |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | *****          | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Dxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | *****           | 6.57                  | ****                  |       |     |                    |                    |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****           | ****  | ****            | Req. Mon.<br>DAILY MN | ****                  | mg/L  |     | Monthly            | GRAB               |
| 30D, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 2.5          | 5.9            |       | *****           | 4.1                   | 9.6                   |       |     |                    |                    |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****           | ***** | *****           | 190                   | *****                 |       |     |                    |                    |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | *****                 | mg/L  |     | Twice per<br>Month | COMP24             |
| DH -                                  | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | 6.5             | *****                 | 6.96                  |       |     |                    |                    |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****           | ****  | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 1.7          | 1.85           |       | *****           | 3                     | 4                     |       |     |                    |                    |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | *****        | ****           | ***** | *****           | 650                   | *****                 |       |     |                    |                    |
| 00530 G 0                             | PERMIT                | *****        | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per          | COMP24             |

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| Γ | ID0022781         |   | 001-A            |  |  |  |  |  |
|---|-------------------|---|------------------|--|--|--|--|--|
|   | PERMIT NUMBER     |   | DISCHARGE NUMBER |  |  |  |  |  |
|   | MONITORING PERIOD |   |                  |  |  |  |  |  |
|   | MM/DD/YYYY        | ] | MM/DD/YYYY       |  |  |  |  |  |
|   | 06/01/2016        | 1 | 06/30/2016       |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | NG    | Ql    | JALITY OR CON | CENTRATION            |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|-------|---------------|-----------------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE | VALUE         | VALUE                 | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | .3                  | 1.01                  |       | ***** | .61           | 2.18                  |         |     |                   |                    |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | ***** | 2.5<br>MO AVG | 7.8<br>DAILY MX       | mg/L    |     | Weekly            | COMP24             |
| Nitrogen, Kjeldahl, total [as N]         | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ***** | *****         | .38                   |         |     |                   |                    |
| 00625 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ****                | ****                  | ***** | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | COMP24             |
| Nitrite + Nitrate total [as N]           | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ****  | ****          | 11.2                  |         |     |                   | _                  |
| 00630 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ****                | ****                  | ****  | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .013                | .016                  |       | ****  | 24            | 27                    |         |     |                   |                    |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | ***** | 50<br>MO AVG  | 131<br>WKLY AVG       | ug/L    |     | Weekly            | COMP24             |
| Oil and grease                           | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ***** | ****          | 1.7                   |         |     |                   |                    |
| 03582 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ****                | ****                  | ***** | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | GRAB               |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .075                | .1437                 |       | ***** | ****          | ****                  | *****   |     |                   |                    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | ***** | ****          | *****                 | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | *****               | ****                  | ***** | ***** | 1.16          | 2.18                  |         |     |                   |                    |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | *****                 | ***** | ***** | 126<br>MO GEO | 235<br>INST MAX       | #/100mL |     | Five per<br>Month | GRAB               |

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| Γ | ID0022781                      |     | 001-A      |  |  |  |
|---|--------------------------------|-----|------------|--|--|--|
|   | PERMIT NUMBER DISCHARGE NUMBER |     |            |  |  |  |
| _ |                                |     |            |  |  |  |
|   | MONITO                         | RIN | G PERIOD   |  |  |  |
|   | MM/DD/YYYY                     |     | MM/DD/YYYY |  |  |  |
|   | 06/01/2016                     | l   | 06/30/2016 |  |  |  |

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                   |                       | QUAN  | TITY OR LOADII | QUANTITY OR LOADING |               |       | CENTRATION            | _     | NO. | FREQUENCY   | SAMPLE |
|-----------------------------------|-----------------------|-------|----------------|---------------------|---------------|-------|-----------------------|-------|-----|-------------|--------|
| PARAMETER                         |                       | VALUE | VALUE          | UNITS               | VALUE         | VALUE | VALUE                 | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total dissolved           | SAMPLE<br>MEASUREMENT | ****  | *****          | *****               | *****         | ***** | 261                   |       |     |             |        |
| 70295 1 0<br>Effluent Gross       | PERMIT<br>REQUIREMENT | ****  | ****           | *****               | *****         | ***** | Req. Mon.<br>DAILY MX | mg/L  |     | Quarterly   | COMP24 |
| BOD, 5-day, percent removal       | SAMPLE<br>MEASUREMENT | ***** | ****           | ****                | 97            | ****  | ****                  |       |     |             |        |
| 81010 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ****  | ****           | *****               | 85<br>MINIMUM | ***** | ****                  | %     |     | Monthly     | CALCTD |
| Solids, suspended percent removal | SAMPLE<br>MEASUREMENT | ***** | ****           | ****                | 99            | ***** | ****                  |       |     |             |        |
| 81011 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ***** | *****          | *****               | 85<br>MINIMUM | ***** | *****                 | %     |     | Monthly     | CALCTD |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   |   | TELEPI    | HONE   | DATE       |
|--|--|---|-----------|--------|------------|
|  | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR |           |        |            |
| TYPED OR PRINTED                       | and matter, melating the possibility of the and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| Γ | ID0022781     |              | 001-A            |
|---|---------------|--------------|------------------|
| Г | PERMIT NUMBER |              | DISCHARGE NUMBER |
|   |               |              |                  |
|   | MONITO        | <u> PRIN</u> | IG PERIOD        |
|   | MM/DD/YYYY    | ]            | MM/DD/YYYY       |
|   | 07/01/2016    | 1            | 07/31/2016       |

DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADI | NG    | Ql              | QUALITY OR CONCENTRATION |                       |       |    |                    | SAMPLE            |  |
|---------------------------------------|-----------------------|--------------|----------------|-------|-----------------|--------------------------|-----------------------|-------|----|--------------------|-------------------|--|
| PARAMETER                             |                       | VALUE        | VALUE          | UNITS | VALUE           | VALUE                    | VALUE                 | UNITS | EX | OF ANALYSIS        | TYPE              |  |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | *****        | ****           | ***** | *****           | 19.2                     | 20.6                  |       |    |                    |                   |  |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****           | ***** | *****           | Req. Mon.<br>MO AVG      | Req. Mon.<br>DAILY MX | deg C |    | Continuous         | Recorde<br>(auto) |  |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | *****          | ***** | ****            | 5.5                      | ****                  |       |    |                    |                   |  |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****           | ***** | *****           | Req. Mon.<br>DAILY MN    | ****                  | mg/L  |    | Monthly            | GRAB              |  |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 1.22         | 1.3            |       | ****            | 2                        | 2                     |       |    |                    |                   |  |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG | lb/d  | *****           | 10<br>MO AVG             | 15<br>WKLY AVG        | mg/L  |    | Twice per<br>Month | COMP24            |  |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | ****            | 237                      | ****                  |       |    |                    |                   |  |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | *****          | ***** | *****           | Req. Mon.<br>MO AVG      | ****                  | mg/L  |    | Twice per<br>Month | COMP24            |  |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | *****          | ***** | 6.55            | ****                     | 6.69                  |       |    |                    |                   |  |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****           | ****  | 6.5<br>INST MIN | ****                     | 8.5<br>INST MAX       | SU    |    | Weekly             | GRAB              |  |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 1            | 1.9            |       | ****            | 1.7                      | 3                     |       |    |                    |                   |  |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG | lb/d  | *****           | 17<br>MO AVG             | 25<br>WKLY AVG        | mg/L  |    | Twice per<br>Month | COMP24            |  |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****         | ****           | ***** | *****           | 537                      | *****                 |       |    |                    |                   |  |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****           | ***** | *****           | Req. Mon.<br>MO AVG      | ****                  | mg/L  |    | Twice per<br>Month | COMP24            |  |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations. **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| ID0022781     | 001-A             |  |  |  |  |  |  |  |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER  |  |  |  |  |  |  |  |
| MONITO        | MONITORING PERIOD |  |  |  |  |  |  |  |
| MM/DD/YYYY    | MM/DD/YYYY        |  |  |  |  |  |  |  |
| 07/01/2016    | 07/31/2016        |  |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

MINOR

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | NG    | QUALITY OR CONCENTRATION |               |                 |         | NO. | a =               | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|---------------|-----------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE         | VALUE           | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | .05                 | .06                   |       | *****                    | .08           | .101            |         |     |                   |                    |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****                    | 2.5<br>MO AVG | 7.8<br>DAILY MX | mg/L    |     | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .01                 | .02                   |       | ****                     | 22            | 30              |         |     |                   |                    |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****                    | 50<br>MO AVG  | 131<br>WKLY AVG | ug/L    |     | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .0709               | .0893                 |       | ****                     | ****          | ****            | *****   |     |                   |                    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****                    | *****         | ****            | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | ****                     | 2.2           | 27.9            |         |     |                   |                    |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****                    | 126<br>MO GEO | 235<br>INST MAX | #/100mL |     | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 99                       | ****          | ****            |         |     |                   |                    |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM            | ****          | *****           | %       |     | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 99                       | ****          | ****            |         |     |                   |                    |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM            | ****          | *****           | %       |     | Monthly           | CALCTD             |

|  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   |  | TELEPI    | HONE   | DATE       |
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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| Γ | ID0022781     |      | 001-A            |
|---|---------------|------|------------------|
|   | PERMIT NUMBER |      | DISCHARGE NUMBER |
|   |               |      |                  |
|   | MONITO        | PRIN | IG PERIOD        |
|   | MM/DD/YYYY    |      | MM/DD/YYYY       |
|   | 08/01/2016    | 1    | 08/31/2016       |

DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       |              |                |       |                 | NO.                   | FREQUENCY             | SAMPLE |    |                    |                    |
|---------------------------------------|-----------------------|--------------|----------------|-------|-----------------|-----------------------|-----------------------|--------|----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE          | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS  | EX | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****           | ***** | *****           | 19.9                  | 20.6                  |        |    |                    |                    |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C  |    | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | *****           | 5.4                   | ****                  |        |    |                    |                    |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****           | ****  | *****           | Req. Mon.<br>DAILY MN | ****                  | mg/L   |    | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 1.1          | 1.3            |       | *****           | 2                     | 2                     |        |    |                    |                    |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L   |    | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | *****           | 147                   | ****                  |        |    |                    |                    |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L   |    | Twice per<br>Month | COMP24             |
| ρΗ                                    | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | 6.6             | ****                  | 6.7                   |        |    |                    |                    |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****           | ****  | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU     |    | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | .66          | 1.1            |       | *****           | 1.2                   | 2                     |        |    |                    |                    |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L   |    | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****         | ****           | ***** | *****           | 289                   | ****                  |        |    |                    |                    |
| 00530 G 0                             | PERMIT<br>REQUIREMENT | ****         | *****          | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L   |    | Twice per<br>Month | COMP24             |

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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PLUMMER, ID 83851

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RESERVATION)
ATTN: TIM CLARK, MAYOR

| ID0022781     | 001-A             |  |  |  |  |  |  |  |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER  |  |  |  |  |  |  |  |
| MONITO        | MONITORING PERIOD |  |  |  |  |  |  |  |
| MM/DD/YYYY    | MM/DD/YYYY        |  |  |  |  |  |  |  |
| 08/01/2016    | 08/31/2016        |  |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

MINOR

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | NG    | Ql            | QUALITY OR CONCENTRATION |                 |         |    | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|---------------|--------------------------|-----------------|---------|----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE         | VALUE                    | VALUE           | UNITS   | EX | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | .15                 | .06                   |       | *****         | .87                      | .11             |         |    |                   |                    |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****         | 2.5<br>MO AVG            | 7.8<br>DAILY MX | mg/L    |    | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .01                 | .02                   |       | *****         | 27                       | 35              |         |    |                   |                    |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****         | 50<br>MO AVG             | 131<br>WKLY AVG | ug/L    |    | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .063                | .115                  |       | ****          | ****                     | *****           | *****   |    |                   |                    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****         | ****                     | ****            | *****   |    | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | *****         | 1                        | 1               |         |    |                   |                    |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****         | 126<br>MO GEO            | 235<br>INST MAX | #/100mL |    | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | *****                 | ***** | 98            | ****                     | ****            |         |    |                   |                    |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****                     | *****           | %       |    | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 99            | ****                     | ****            |         |    |                   |                    |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****                     | *****           | %       |    | Monthly           | CALCTD             |

|  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   |  | TELEPI    | HONE   | DATE       |
|--|--|--|-----------|--------|------------|
|  | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| Γ | ID0022781     |          | 001-A            |
|---|---------------|----------|------------------|
|   | PERMIT NUMBER |          | DISCHARGE NUMBER |
|   | MONITO        | G PERIOD |                  |
|   | MM/DD/YYYY    |          | MM/DD/YYYY       |
|   | 09/01/2016    | Ì        | 09/30/2016       |

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUANTITY OR LOADING |                |       | QI              | QUALITY OR CONCENTRATION |                       |       |    |                    | SAMPLE             |  |
|---------------------------------------|-----------------------|---------------------|----------------|-------|-----------------|--------------------------|-----------------------|-------|----|--------------------|--------------------|--|
| PARAMETER                             |                       | VALUE               | VALUE          | UNITS | VALUE           | VALUE                    | VALUE                 | UNITS | EX | OF ANALYSIS        | TYPE               |  |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****                | ****           | ***** | *****           | 17.2                     | 17.5                  | deg C |    | Continuous         | Recorder<br>(auto) |  |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****                | ****           | ***** | *****           | Req. Mon.<br>MO AVG      | Req. Mon.<br>DAILY MX | deg C |    | Continuous         | Recorder<br>(auto) |  |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****                | *****          | ***** | *****           | 5.95                     | ****                  | mg/L  |    | Monthly            | GRAB               |  |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****                | ****           | ****  | *****           | Req. Mon.<br>DAILY MN    | *****                 | mg/L  |    | Monthly            | GRAB               |  |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 1.1                 | 1.1            | lb/d  | *****           | < 2                      | < 2                   | mg/L  |    | Four per<br>Month  | COMP24             |  |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG        | 40<br>WKLY AVG | lb/d  | *****           | 10<br>MO AVG             | 15<br>WKLY AVG        | mg/L  |    | Twice per<br>Month | COMP24             |  |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****                | ****           | ****  | *****           | 140                      | ****                  | mg/L  |    | Four per<br>Month  | COMP24             |  |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****                | ****           | ***** | *****           | Req. Mon.<br>MO AVG      | *****                 | mg/L  |    | Twice per<br>Month | COMP24             |  |
| рН                                    | SAMPLE<br>MEASUREMENT | ****                | ****           | ****  | 6.56            | ****                     | 6.87                  | SU    |    | Weekly             | GRAB               |  |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****                | ****           | ****  | 6.5<br>INST MIN | *****                    | 8.5<br>INST MAX       | SU    |    | Weekly             | GRAB               |  |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | .98                 | .99            | lb/d  | *****           | 1.75                     | 1.75                  | mg/L  |    | Four per<br>Month  | COMP24             |  |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG        | 67<br>WKLY AVG | lb/d  | *****           | 17<br>MO AVG             | 25<br>WKLY AVG        | mg/L  |    | Twice per<br>Month | COMP24             |  |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****                | ****           | ***** | *****           | 284                      | ****                  | mg/L  |    | Four per<br>Month  | COMP24             |  |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****                | ****           | ***** | *****           | Req. Mon.<br>MO AVG      | *****                 | mg/L  |    | Twice per<br>Month | COMP24             |  |

|                               | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   | L eonard Johnson                            | TELEP         | HONE   | DATE       |
|-------------------------------|--|---|---------------|--------|------------|
| ELONG IND SOUTHOOM OF ENGLISH | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (208)818-6875 |        | 0/06/2016  |
| TYPED OR PRINTED              | anto measur, including the possibility of the and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code     | NUMBER | MM/DD/YYYY |

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PLUMMER, CITY OF

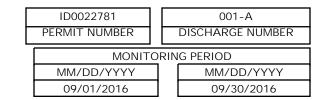
ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLÄRK, MAYOR



DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | NG    | Ql    | JALITY OR CON | CENTRATION            |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|-------|---------------|-----------------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE | VALUE         | VALUE                 | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | .66                 | 2.5                   | lb/d  | ***** | 1.18          | 4.48                  | mg/L    |     | Four per<br>Month | COMP24             |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | ***** | 2.5<br>MO AVG | 7.8<br>DAILY MX       | mg/L    |     | Weekly            | COMP24             |
| Nitrogen, Kjeldahl, total [as N]         | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ***** | ****          | .89                   | mg/L    |     | Quarterly         | COMP24             |
| 00625 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | COMP24             |
| Nitrite + Nitrate total [as N]           | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | ***** | ****          | 2.6                   | mg/L    |     | Quarterly         | COMP24             |
| 00630 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ****  | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .011                | .011                  | lb/d  | ***** | 20.25         | 20.25                 | ug/L    |     | Four per<br>Month | COMP24             |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | ***** | 50<br>MO AVG  | 131<br>WKLY AVG       | ug/L    |     | Weekly            | COMP24             |
| Oil and grease                           | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ***** | ****          | 1.7                   | mg/L    |     | Quarterly         | GRAB               |
| 03582 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | GRAB               |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .07                 | .08                   | MGD   | ***** | ****          | ****                  | *****   |     | Continuous        | Recorder<br>(auto) |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | ***** | ****          | *****                 | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | *****               | ****                  | ***** | ***** | < 1           | < 1                   | #/100mL |     | Five per<br>Month | GRAB               |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | ***** | 126<br>MO GEO | 235<br>INST MAX       | #/100mL |     | Five per<br>Month | GRAB               |

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LEONARD JOHNSON/ OPERATOR

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)818-6875

AREA Code

Leonard Johnson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

0/06/201

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| Γ | ID0022781            |      | 001-A                 |
|---|----------------------|------|-----------------------|
|   | PERMIT NUMBER        |      | DISCHARGE NUMBER      |
|   |                      |      |                       |
|   | MONITO               | DRIN | NG PERIOD             |
|   | MONITO<br>MM/DD/YYYY | ORIN | NG PERIOD  MM/DD/YYYY |

DMR Mailing ZIP CODE: 83851

MINOR

(SUBR 01) PLUMMER CREEK

External Outfall

No Discharge

|                                   |                       | QUAN  | TITY OR LOADII | NG    | Ql            | JALITY OR CON | CENTRATION            | _     | NO. | FREQUENCY   | SAMPLE |
|-----------------------------------|-----------------------|-------|----------------|-------|---------------|---------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER                         |                       | VALUE | VALUE          | UNITS | VALUE         | VALUE         | VALUE                 | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total dissolved           | SAMPLE<br>MEASUREMENT | ****  | ****           | ***** | *****         | ****          | 387                   | mg/L  |     | Quarterly   | COMP24 |
| 70295 1 0<br>Effluent Gross       | PERMIT<br>REQUIREMENT | ****  | ****           | ***** | *****         | *****         | Req. Mon.<br>DAILY MX | mg/L  |     | Quarterly   | COMP24 |
| BOD, 5-day, percent removal       | SAMPLE<br>MEASUREMENT | ***** | *****          | ***** | 99            | *****         | ****                  | %     |     | Monthly     | CALCTD |
| 81010 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ****  | ****           | ***** | 85<br>MINIMUM | *****         | *****                 | %     |     | Monthly     | CALCTD |
| Solids, suspended percent removal | SAMPLE<br>MEASUREMENT | ***** | ****           | ****  | 99            | ****          | ****                  | %     |     | Monthly     | CALCTD |
| 81011 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ****  | *****          | ***** | 85<br>MINIMUM | *****         | *****                 | %     |     | Monthly     | CALCTD |

| <b>I</b>              | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   | l eonard lonnson                            | TELEPI        | HONE   | DATE       |
|-----------------------|--|---|---------------|--------|------------|
| LEGITATION OF ENGLISH | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (208)818-6875 |        | 0/06/2016  |
| TYPED OR PRINTED      | and matter, melating the possibility of the and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code     | NUMBER | MM/DD/YYYY |

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PLUMMER, CITY OF

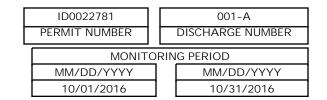
ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLÄRK, MAYOR



DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADI | NG    | Ql              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE          | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****           | ***** | *****           | 15.1                  | 16.2                  | deg C |     | Continuous         | Recorder<br>(auto) |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | *****        | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | *****           | 5.68                  | ****                  | mg/L  |     | Monthly            | GRAB               |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****           | ***** | *****           | Req. Mon.<br>DAILY MN | ****                  | mg/L  |     | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 2.07         | 1.85           | lb/d  | *****           | < 2                   | < 2                   | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | ****            | 125                   | ****                  | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | 6.68            | ****                  | 6.97                  | SU    |     | Weekly             | GRAB               |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | *****          | ****  | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 1.04         | .93            | lb/d  | *****           | < 1                   | <= 1                  | mg/L  |     | Four per<br>Month  | COMP24             |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****         | ****           | ***** | *****           | 268.75                | *****                 | mg/L  |     | Four per<br>Month  | COMP24             |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | *****        | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Leonard Johnson LEONARD JOHNSON/ OPERATOR person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)818-6875 1/10/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR information, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached is the Violation letter for Oct 31, 2016

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

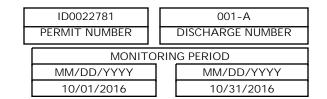
NAME: ' PLUMMER, CITY OF

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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR



DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | VG    | Ql            | JALITY OR CON | CENTRATION      |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|---------------|---------------|-----------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE         | VALUE         | VALUE           | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | .07                 | .11                   | lb/d  | *****         | .08           | .09             | mg/L    |     | Weekly            | COMP24             |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****         | 2.5<br>MO AVG | 7.8<br>DAILY MX | mg/L    |     | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .01                 | .02                   | lb/d  | *****         | 15.25         | 16.4            | ug/L    |     | Weekly            | COMP24             |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****         | 50<br>MO AVG  | 131<br>WKLY AVG | ug/L    |     | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .28                 | 1.39                  | MGD   | *****         | *****         | *****           | *****   | 1   | Continuous        | Recorder<br>(auto) |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****         | ****          | ****            | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | *****         | 1.78          | 4.1             | #/100mL |     | Five per<br>Month | GRAB               |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****         | 126<br>MO GEO | 235<br>INST MAX | #/100mL |     | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | 98.4          | ****          | *****           | %       |     | Monthly           | CALCTD             |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 99.6          | *****         | *****           | %       |     | Monthly           | CALCTD             |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Leonard Johnson                             | TELEPI    | HONE   | DATE       |
|--|--|---|-----------|--------|------------|
|  | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,  | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (208)818  | 3-6875 | 1/10/2010  |
| TYPED OR PRINTED                       |  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached is the Violation letter for Oct 31, 2016

Form Approved OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

ID0022781 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2016 11/30/2016

DMR Mailing ZIP CODE:

**MINOR** \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADII | NG    | QUALITY OR CONCENTRATION |                       |                       |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|-----------------|-------|--------------------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE           | UNITS | VALUE                    | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****                    | 10.9                  | 12.1                  | deg C |     | Continuous         | Recorder<br>(auto) |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****                    | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | ****                     | 6.21                  | ****                  | mg/L  |     | Monthly            | GRAB               |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****  | ****                     | Req. Mon.<br>DAILY MN | ****                  | mg/L  |     | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 3.68         | 6.29            | lb/d  | ****                     | 2                     | 2                     | mg/L  |     | Five per<br>Month  | COMP24             |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG  | lb/d  | *****                    | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | ****                     | 69.8                  | ****                  | mg/L  |     | Five per<br>Month  | COMP24             |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****                    | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | 6.52                     | ****                  | 6.71                  | SU    |     | Weekly             | GRAB               |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****  | 6.5<br>INST MIN          | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 2.86         | 5               | lb/d  | *****                    | 1.8                   | 4                     | mg/L  |     | Five per<br>Month  | COMP24             |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG  | lb/d  | *****                    | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | *****        | *****           | ***** | *****                    | 208.8                 | *****                 | mg/L  |     | Five per<br>Month  | COMP24             |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | ****                     | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |

|            |                    | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   | l eonard lonnson                            | TELEP         | HONE   | DATE       |
|------------|--------------------|--|---|---------------|--------|------------|
| LEONARD JO | THIOGHT OF ENVIRON | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (208)818-6875 |        | )2/15/201  |
| TYPE       | O OR PRINTED       | and materia, including the possibility of the and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code     | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See attached file. I attached a letter to the December DMR for the corrections that have been made. Thanks Leonard Johnson

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

DID0022781 001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
MM/DD/YYYY
11/01/2016 11/30/2016

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | TITY OR LOADII        | NG    | Ql            | JALITY OR CON | CENTRATION      |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|---------------|---------------|-----------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE         | VALUE         | VALUE           | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | .19                 | .32                   | lb/d  | *****         | .08           | .08             | mg/L    |     | Weekly            | COMP24             |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****         | 2.5<br>MO AVG | 7.8<br>DAILY MX | mg/L    |     | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .056                | .096                  | lb/d  | *****         | 38            | 70              | ug/L    |     | Weekly            | COMP24             |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****         | 50<br>MO AVG  | 131<br>WKLY AVG | ug/L    |     | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .26                 | .61                   | MGD   | ****          | ****          | *****           | *****   |     | Continuous        | Recorder<br>(auto) |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****         | *****         | *****           | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ****          | 1.71          | 7.4             | #/100mL |     | Five per<br>Month | GRAB               |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | *****                 | ***** | *****         | 126<br>MO GEO | 235<br>INST MAX | #/100mL |     | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | 97            | ****          | *****           | %       |     | Monthly           | CALCTD             |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | *****                 | ****  | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 99            | ****          | *****           | %       |     | Monthly           | CALCTD             |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | *****                 | ***** | 85<br>MINIMUM | *****         | ****            | %       |     | Monthly           | CALCTD             |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the | Leonard Johnson                             | TELEPI        | HONE   | DATE       |
|--|---|---|---------------|--------|------------|
|  | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (208)818-6875 |        | )2/15/201  |
| TYPED OR PRINTED                       | anto mador, medaling the possibility of the and imprisonment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code     | NUMBER | MM/DD/YYYY |

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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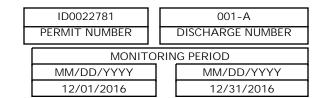
ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLÄRK, MAYOR



DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADII | NG    | Ql              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|-----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE           | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | 10.1                  | 10.6                  | deg C |     | Continuous         | Recorder<br>(auto) |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | ****            | 6.57                  | *****                 | mg/L  |     | Monthly            | GRAB               |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>DAILY MN | *****                 | mg/L  |     | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 2            | 3.3             | lb/d  | *****           | 2                     | 2                     | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG  | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | *****           | 162.5                 | *****                 | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | *****                 | mg/L  |     | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | 6.8             | ****                  | 7                     | SU    |     | Weekly             | GRAB               |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****  | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 1.02         | 1.7             | lb/d  | *****           | 1                     | 1                     | mg/L  |     | Four per<br>Month  | COMP24             |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG  | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | 1674                  | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I have attached the creek sampling required along with the violation letter. ThanksI have attached a letter to this DMR to explain the miss calculations.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Leonard Johnson/ Operator

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)818-6875

AREA Code

Leonard Johnson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

)2/15/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PLUMMER, CITY OF

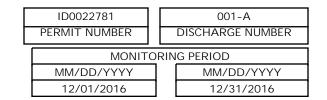
ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR



DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | NG    | Ql    | JALITY OR CON |                       |         |    | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|-------|---------------|-----------------------|---------|----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE | VALUE         | VALUE                 | UNITS   | EX | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | .081                | .13                   | lb/d  | ***** | .08           | .08                   | mg/L    |    | Weekly            | COMP24             |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | ***** | 2.5<br>MO AVG | 7.8<br>DAILY MX       | mg/L    |    | Weekly            | COMP24             |
| Nitrogen, Kjeldahl, total [as N]         | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | ***** | ****          | .65                   | mg/L    |    | Quarterly         | COMP24             |
| 00625 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ****                | ****                  | ***** | ****  | ****          | Req. Mon.<br>DAILY MX | mg/L    |    | Quarterly         | COMP24             |
| Nitrite + Nitrate total [as N]           | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ****  | ****          | 4.38                  | mg/L    |    | Quarterly         | COMP24             |
| 00630 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ****                | ****                  | ***** | ****  | ****          | Req. Mon.<br>DAILY MX | mg/L    |    | Quarterly         | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .08                 | .12                   | lb/d  | ****  | 82            | 119                   | ug/L    | 1  | Weekly            | COMP24             |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | ****  | 50<br>MO AVG  | 131<br>WKLY AVG       | ug/L    |    | Weekly            | COMP24             |
| Oil and grease                           | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ****  | ****          | 1.7                   | mg/L    |    | Quarterly         | GRAB               |
| 03582 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ****                | ****                  | ***** | ****  | ****          | Req. Mon.<br>DAILY MX | mg/L    |    | Quarterly         | GRAB               |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .11                 | .28                   | MGD   | ****  | ****          | ****                  | *****   |    | Continuous        | Recorder<br>(auto) |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | ****  | ****          | *****                 | *****   |    | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | ****  | 1             | 1                     | #/100mL |    | Five per<br>Month | GRAB               |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ****                | *****                 | ***** | ****  | 126<br>MO GEO | 235<br>INST MAX       | #/100mL |    | Five per<br>Month | GRAB               |

|   |                             | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   | Leonard Johnson                             | TELEP     | HONE   | DATE       |
|---|-----------------------------|--|---|-----------|--------|------------|
|   | Eddinard John Son, Operator | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (208)81   | 8-6875 | )2/15/201  |
| Γ | TYPED OR PRINTED            | anomaton, including the possibility of the and imprisonment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I have attached the creek sampling required along with the violation letter. ThanksI have attached a letter to this DMR to explain the miss calculations.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                   |                       | QUAN  | TITY OR LOADII | NG    | Ql            | JALITY OR CON | CENTRATION            | _     | NO. | FREQUENCY   | SAMPLE |
|-----------------------------------|-----------------------|-------|----------------|-------|---------------|---------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER                         |                       | VALUE | VALUE          | UNITS | VALUE         | VALUE         | VALUE                 | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total dissolved           | SAMPLE<br>MEASUREMENT | ****  | ****           | ***** | *****         | ****          | 387                   | mg/L  |     | Quarterly   | COMP24 |
| 70295 1 0<br>Effluent Gross       | PERMIT<br>REQUIREMENT | ***** | ****           | ***** | *****         | ****          | Req. Mon.<br>DAILY MX | mg/L  |     | Quarterly   | COMP24 |
| BOD, 5-day, percent removal       | SAMPLE<br>MEASUREMENT | ***** | *****          | ****  | 98.8          | *****         | *****                 | %     |     | Monthly     | CALCTD |
| 81010 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ****  | ****           | ***** | 85<br>MINIMUM | ****          | ****                  | %     |     | Monthly     | CALCTD |
| Solids, suspended percent removal | SAMPLE<br>MEASUREMENT | ***** | ****           | ***** | 99.9          | ****          | ****                  | %     |     | Monthly     | CALCTD |
| 81011 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ***** | *****          | ***** | 85<br>MINIMUM | *****         | *****                 | %     |     | Monthly     | CALCTD |

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ID0022781 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2017 01/31/2017

DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADII | NG    | Ql              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|-----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE           | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | 6.8                   | 6.5                   | deg C |     | Continuous         | Recorder<br>(auto) |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | ****            | 8.61                  | *****                 | mg/L  |     | Monthly            | GRAB               |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>DAILY MN | *****                 | mg/L  |     | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 3            | 6.8             | lb/d  | *****           | 3.45                  | 7.8                   | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG  | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | ****            | 78                    | *****                 | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | 6.6             | ****                  | 7                     | SU    |     | Weekly             | GRAB               |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****  | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 5.6          | 18.3            | lb/d  | *****           | 6.6                   | 21                    | mg/L  |     | Five per<br>Month  | COMP24             |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG  | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****         | *****           | ***** | *****           | 962                   | ****                  | mg/L  |     | Five per<br>Month  | COMP24             |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | *****                 | mg/L  |     | Twice per<br>Month | COMP24             |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The Month of January was a very cold month for the wastewater facility in Plummer. We had to take grab samples on the influent due to our automatic sampler freezing, had airlines freeze numerous times alone with actuator valves which control the air cycles. I will attach letters with this for a more detailed report. I tried to send this out on Friday but got locked out.

Leonard Johnson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LEONARD JOHNSON/ OPERATOR

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)818-6875

AREA Code

DATE

)2/14/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| Γ | ID0022781     |      | 001-A            |
|---|---------------|------|------------------|
|   | PERMIT NUMBER |      | DISCHARGE NUMBER |
|   | MONITO        | PRIN | G PERIOD         |
|   | MM/DD/YYYY    |      | MM/DD/YYYY       |
|   | 01/01/2017    | Ì    | 01/31/2017       |

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | TITY OR LOADII        | NG    | Ql            | JALITY OR CON | CENTRATION      |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|---------------|---------------|-----------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE         | VALUE         | VALUE           | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | 3                   | 12.7                  | lb/d  | *****         | 3.48          | 14.6            | mg/L    | 2   | Weekly            | COMP24             |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****         | 2.5<br>MO AVG | 7.8<br>DAILY MX | mg/L    |     | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .154                | .36                   | lb/d  | *****         | 173           | 412             | ug/L    | 4   | Weekly            | COMP24             |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****         | 50<br>MO AVG  | 131<br>WKLY AVG | ug/L    |     | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .143                | .3067                 | MGD   | ****          | *****         | *****           | *****   |     | Continuous        | Recorder<br>(auto) |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****         | *****         | *****           | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | *****         | 3.21          | 345             | #/100mL | 1   | Five per<br>Month | GRAB               |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****         | 126<br>MO GEO | 235<br>INST MAX | #/100mL |     | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | 95            | ****          | *****           | %       |     | Four per<br>Month | CALCTD             |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | ****            | %       |     | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | 99            | ****          | *****           | %       |     | Five per<br>Month | CALCTD             |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |

|                  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   | I eonard Ionnson                            | TELEPI    | HONE   | DATE       |
|------------------|--|---|-----------|--------|------------|
|                  | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (208)818  | 8-6875 | )2/14/201  |
| TYPED OR PRINTED | and matter, metaling the possibility of the and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The Month of January was a very cold month for the wastewater facility in Plummer. We had to take grab samples on the influent due to our automatic sampler freezing, had airlines freeze numerous times alone with actuator valves which control the air cycles. I will attach letters with this for a more detailed report. I tried to send this out on Friday but got locked out.

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| ID0022781     |      | 001-A            |
|---------------|------|------------------|
| PERMIT NUMBER |      | DISCHARGE NUMBER |
| MONITO        | )RIN | IG PERIOD        |
| MONTE         |      | O I EITIOD       |
| MM/DD/YYYY    |      | MM/DD/YYYY       |
| 02/01/2017    | 1    | 02/28/2017       |

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADII | NG    | Ql              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|-----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE           | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | 8                     | 9.4                   | deg C |     | Continuous         | Recorder<br>(auto) |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | *****           | 6.65                  | *****                 | mg/L  |     | Monthly            | GRAB               |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****  | ****            | Req. Mon.<br>DAILY MN | *****                 | mg/L  |     | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 5.3          | 6.32            | lb/d  | *****           | 2.7                   | 4.9                   | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG  | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | *****           | 66                    | *****                 | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | *****        | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | *****                 | mg/L  |     | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | 6.55            | ****                  | 6.86                  | SU    |     | Weekly             | GRAB               |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | *****        | ****            | ****  | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 3.79         | 8.03            | lb/d  | *****           | 1.75                  | 4                     | mg/L  |     | Four per<br>Month  | COMP24             |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG  | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | *****        | ****            | ***** | *****           | 339                   | ****                  | mg/L  |     | Four per<br>Month  | COMP24             |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | *****        | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I sent in 3 letters this month, 2 on the plants non ability to receive the wastewater coming in and another one on a E-Coli hit we took. I am attaching the samples that I took to this month DMR and if there is any questions please call and I will fix them. Thank You Leonard Johnson

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direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

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nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Leonard Johnson/ Operator

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)818-6875

AREA Code

Leonard Johnson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

)3/10/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| Γ | ID0022781     |      | 001-A            |
|---|---------------|------|------------------|
|   | PERMIT NUMBER |      | DISCHARGE NUMBER |
|   | MONITO        | PRIN | IG PERIOD        |
|   | MM/DD/YYYY    |      | MM/DD/YYYY       |
|   | 02/01/2017    | 1    | 02/28/2017       |

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | NG    | Ql            | JALITY OR CON | CENTRATION      |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|---------------|---------------|-----------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE         | VALUE         | VALUE           | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | .13                 | .2                    | lb/d  | *****         | .21           | .603            | mg/L    |     | Weekly            | COMP24             |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****         | 2.5<br>MO AVG | 7.8<br>DAILY MX | mg/L    |     | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .33                 | .67                   | lb/d  | *****         | 58            | 104             | ug/L    | 3   | Weekly            | COMP24             |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****         | 50<br>MO AVG  | 131<br>WKLY AVG | ug/L    |     | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .3872               | .9664                 | MGD   | ****          | ****          | ****            | *****   |     | Continuous        | Recorder<br>(auto) |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****         | ****          | ****            | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | *****         | 4.7           | 2420            | #/100mL | 1   | Five per<br>Month | GRAB               |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****         | 126<br>MO GEO | 235<br>INST MAX | #/100mL |     | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 95            | ****          | ****            | %       |     | Four per<br>Month | CALCTD             |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 99            | ****          | ****            | %       |     | Four per<br>Month | CALCTD             |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |

|                              | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   | I eonard Ionnson                            | TELEPI    | HONE   | DATE       |
|------------------------------|--|---|-----------|--------|------------|
| Leernard Jermiseri, Operator | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (208)818  | 8-6875 | )3/10/201  |
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ADDRESS: P.O. BOX B

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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| Γ | ID0022781     |     | 001-A            |
|---|---------------|-----|------------------|
|   | PERMIT NUMBER |     | DISCHARGE NUMBER |
|   | MONITO        | RIN | IG PERIOD        |
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|   | 03/01/2017    | ]   | 03/31/2017       |

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADII | NG    | Ql              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|-----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE           | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | 7.2                   | 8.4                   | deg C |     | Continuous         | Recorder<br>(auto) |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | *****           | 8.6                   | *****                 | mg/L  |     | Monthly            | GRAB               |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****  | *****           | Req. Mon.<br>DAILY MN | *****                 | mg/L  |     | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 6.77         | 26.6            | lb/d  | *****           | 1.13                  | 4.3                   | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG  | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | *****           | 55                    | *****                 | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | *****                 | mg/L  |     | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | 6.58            | ****                  | 6.89                  | SU    |     | Weekly             | GRAB               |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****  | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 15.4         | 10.2            | lb/d  | *****           | 3.75                  | 7                     | mg/L  |     | Four per<br>Month  | COMP24             |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG  | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | 143                   | ****                  | mg/L  |     | Four per<br>Month  | COMP24             |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This month the wastewater treatment has seen its fair share of rain/ snow runoff, but has been able to treat the receiving waters coming in. The plant has not met all of the permits required but did not have to by pass the plant or treatment process.

Leonard Johnson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Leonard Johnson/ Operator

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)818-6875

AREA Code

DATE

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RESERVATION)

ATTN: TIM CLARK, MAYOR

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|---|---------------|-----|------------------|
|   | PERMIT NUMBER |     | DISCHARGE NUMBER |
|   |               |     | 0.050100         |
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|   | 03/01/2017    | ]   | 03/31/2017       |

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  | QUANTITY OR LOADING QUALITY OR CONCENTRATION |                     |                       |       |       | UALITY OR CON | CENTRATION            |         | NO. | FREQUENCY         | SAMPLE             |  |
|--|--|---------------------|-----------------------|-------|-------|---------------|-----------------------|---------|-----|-------------------|--------------------|--|
| PARAMETER                                |  | VALUE               | VALUE                 | UNITS | VALUE | VALUE         | VALUE                 | UNITS   | EX  | OF ANALYSIS       | TYPE               |  |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT                        | .53                 | .88                   | lb/d  | ***** | .2            | .34                   | mg/L    |     | Weekly            | COMP24             |  |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT                        | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | ***** | 2.5<br>MO AVG | 7.8<br>DAILY MX       | mg/L    |     | Weekly            | COMP24             |  |
| Nitrogen, Kjeldahl, total [as N]         | SAMPLE<br>MEASUREMENT                        | ****                | ****                  | ****  | ***** | ****          | .812                  | mg/L    |     | Quarterly         | COMP24             |  |
| 00625 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT                        | ****                | ****                  | ****  | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | COMP24             |  |
| Nitrite + Nitrate total [as N]           | SAMPLE<br>MEASUREMENT                        | ****                | ****                  | ****  | ***** | ****          | 5.13                  | mg/L    |     | Quarterly         | COMP24             |  |
| 00630 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT                        | ****                | ****                  | ****  | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | COMP24             |  |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT                        | .225                | .52                   | lb/d  | ***** | 65            | 85                    | ug/L    | 3   | Weekly            | COMP24             |  |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT                        | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | ***** | 50<br>MO AVG  | 131<br>WKLY AVG       | ug/L    |     | Weekly            | COMP24             |  |
| Oil and grease                           | SAMPLE<br>MEASUREMENT                        | ****                | ****                  | ****  | ***** | ****          | 1.7                   | mg/L    |     | Quarterly         | GRAB               |  |
| 03582 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT                        | *****               | ****                  | ****  | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | GRAB               |  |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT                        | .041                | .9128                 | MGD   | ***** | ****          | ****                  | *****   |     | Continuous        | Recorder<br>(auto) |  |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT                        | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | ***** | ****          | *****                 | *****   |     | Continuous        | Recorder<br>(auto) |  |
| E. coli                                  | SAMPLE<br>MEASUREMENT                        | *****               | *****                 | ***** | ***** | 1.89          | 16                    | #/100mL |     | Five per<br>Month | GRAB               |  |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT                        | ****                | ****                  | ***** | ***** | 126<br>MO GEO | 235<br>INST MAX       | #/100mL |     | Five per<br>Month | GRAB               |  |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This month the wastewater treatment has seen its fair share of rain/ snow runoff, but has been able to treat the receiving waters coming in. The plant has not met all of the permits required but did not have to by pass the plant or treatment process.

Leonard Johnson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Leonard Johnson/ Operator

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)818-6875

AREA Code

DATE

)4/10/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                   |                       | QUAN  | TITY OR LOADII | NG    | Ql            | JALITY OR CON | CENTRATION            | _     | NO. | FREQUENCY   | SAMPLE |
|-----------------------------------|-----------------------|-------|----------------|-------|---------------|---------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER                         |                       | VALUE | VALUE          | UNITS | VALUE         | VALUE         | VALUE                 | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total dissolved           | SAMPLE<br>MEASUREMENT | ****  | ****           | ***** | ****          | ****          | 225                   | mg/L  |     | Quarterly   | COMP24 |
| 70295 1 0<br>Effluent Gross       | PERMIT<br>REQUIREMENT | ****  | *****          | ***** | *****         | *****         | Req. Mon.<br>DAILY MX | mg/L  |     | Quarterly   | COMP24 |
| BOD, 5-day, percent removal       | SAMPLE<br>MEASUREMENT | ***** | ****           | ***** | 97            | ****          | *****                 | %     |     | Monthly     | CALCTD |
| 81010 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ****  | *****          | ****  | 85<br>MINIMUM | *****         | ****                  | %     |     | Monthly     | CALCTD |
| Solids, suspended percent removal | SAMPLE<br>MEASUREMENT | ***** | *****          | ****  | 97            | *****         | ****                  | %     |     | Monthly     | CALCTD |
| 81011 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ***** | *****          | ***** | 85<br>MINIMUM | *****         | *****                 | %     |     | Monthly     | CALCTD |

| 1                         | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the             | l eonard lonnson | TELEPI    | HONE   | DATE       |
|---------------------------|--|------------------|-----------|--------|------------|
| Leonard Johnson/ Operator | person or persons who manage the system, or those persons directly responsible for gathering<br>the information, the information submitted is, to the best of my knowledge and belief, true,<br>accurate, and complete. I am aware that there are significant penalties for submitting false |                  | (208)818  | 8-6875 | )4/10/201  |
|                           | information, including the possibility of fine and imprisonment for knowing violations.  |                  |           |        |            |
| TYPED OR PRINTED          | and make the transfer of the same and imprisonment for knowing violations.   | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This month the wastewater treatment has seen its fair share of rain/ snow runoff, but has been able to treat the receiving waters coming in. The plant has not met all of the permits required but did not have to by pass the plant or treatment process.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLÄRK, MAYOR

| Γ | ID0022781     |        | 001-A            |
|---|---------------|--------|------------------|
| Г | PERMIT NUMBER |        | DISCHARGE NUMBER |
|   | MONITO        | DIN    | G PERIOD         |
|   | MONTC         | /IXIIN | O I LINIOD       |
|   | MM/DD/YYYY    |        | MM/DD/YYYY       |
|   | 04/01/2017    |        | 04/30/2017       |

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADII | NG    | Ql              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|-----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE           | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | 11.5                  | 12.7                  | deg C |     | Continuous         | Recorder<br>(auto) |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | *****           | 9.54                  | *****                 | mg/L  |     | Monthly            | GRAB               |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>DAILY MN | *****                 | mg/L  |     | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 4.3          | 2.59            | lb/d  | *****           | 2.8                   | 5.3                   | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG  | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | *****           | 162                   | *****                 | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | *****                 | mg/L  |     | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | 6.5             | ****                  | 6.84                  | SU    |     | Weekly             | GRAB               |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****  | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 4.8          | 8.1             | lb/d  | *****           | 3.5                   | 6                     | mg/L  |     | Four per<br>Month  | COMP24             |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG  | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | *****        | *****           | ***** | *****           | 799                   | ****                  | mg/L  |     | Four per<br>Month  | COMP24             |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | *****                 | mg/L  |     | Twice per<br>Month | COMP24             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Leonard Johnson Leonard Johnson/ Operator person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)818-6875 )5/10/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I attached a letter of the reasoning of a non compliance the City had this month.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

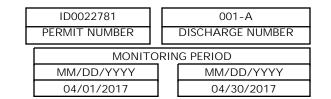
NAME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR



DMR Mailing ZIP CODE: 83851

**MINOR** \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADI        | NG    | Ql            | JALITY OR CON | CENTRATION      |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|---------------|---------------|-----------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE         | VALUE         | VALUE           | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | 8.8                 | 35                    | lb/d  | *****         | 4.4           | 17.3            | mg/L    | 4   | Weekly            | COMP24             |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****         | 2.5<br>MO AVG | 7.8<br>DAILY MX | mg/L    |     | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .19                 | .33                   | lb/d  | *****         | 140           | 206             | ug/L    | 2   | Weekly            | COMP24             |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****         | 50<br>MO AVG  | 131<br>WKLY AVG | ug/L    |     | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .1676               | .3876                 | MGD   | *****         | *****         | *****           | *****   |     | Continuous        | Recorder<br>(auto) |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****         | *****         | *****           | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | *****         | 1.8           | 12              | #/100mL |     | Five per<br>Month | GRAB               |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****         | 126<br>MO GEO | 235<br>INST MAX | #/100mL |     | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 98            | ****          | *****           | %       |     | Four per<br>Month | CALCTD             |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | 99            | ****          | *****           | %       |     | Four per<br>Month | CALCTD             |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |

|  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   | Leonard Johnson                             | TELEPI        | HONE   | DATE       |
|--|--|---|---------------|--------|------------|
| Lection de la seria della seria de la seria della seri | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (208)818-6875 |        | )5/10/201  |
| TYPED OR PRINTED   | and matter, medaling the possibility of the and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code     | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I attached a letter of the reasoning of a non compliance the City had this month.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PLUMMER, CITY OF

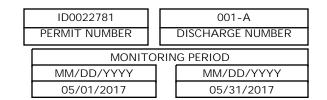
ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR 1



DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADI | NG    | Ql              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE          | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****           | ***** | *****           | 15.7                  | 28.1                  | deg C |     | Continuous         | Recorder<br>(auto) |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | *****        | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | *****           | 5.18                  | ****                  | mg/L  |     | Monthly            | GRAB               |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****           | ***** | *****           | Req. Mon.<br>DAILY MN | ****                  | mg/L  |     | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | .16          | .35            | lb/d  | *****           | 2.62                  | 3.8                   | mg/L  |     | Five per<br>Month  | COMP24             |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | ****            | 112                   | ****                  | mg/L  |     | Five per<br>Month  | COMP24             |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****           | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | ****           | ****  | 6.53            | ****                  | 6.87                  | SU    |     | Weekly             | GRAB               |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | *****          | ****  | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 2.03         | 4.36           | lb/d  | *****           | 2.6                   | 6                     | mg/L  |     | Five per<br>Month  | COMP24             |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****         | ****           | ***** | *****           | 260                   | *****                 | mg/L  |     | Five per<br>Month  | COMP24             |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | *****        | *****          | ***** | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I worked with Jason on getting this DMR/CDX set up and was told they were doing maintenance on the system on the 9th. It took awhile for me to get all of the account approved and going.

Leonard Johnson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Leonard Johnson/ Operator

NUMBER

**TELEPHONE** 

(208)818-6875

AREA Code

DATE

)6/13/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' PLUMMER, CITY OF

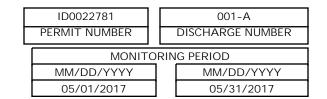
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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR



DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADII       | NG    | Ql            | JALITY OR CON | CENTRATION      |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|---------------|---------------|-----------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE         | VALUE         | VALUE           | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | 2.8                 | 12                    | lb/d  | *****         | 3.8           | 16.9            | mg/L    | 2   | Weekly            | COMP24             |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****         | 2.5<br>MO AVG | 7.8<br>DAILY MX | mg/L    |     | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .162                | .358                  | lb/d  | ****          | 150           | 325             | ug/L    | 4   | Weekly            | COMP24             |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****         | 50<br>MO AVG  | 131<br>WKLY AVG | ug/L    |     | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .1625               | .7839                 | MGD   | ****          | ****          | *****           | *****   |     | Continuous        | Recorder<br>(auto) |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****         | ****          | *****           | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | *****         | 1.49          | 7.5             | #/100mL |     | Five per<br>Month | GRAB               |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****         | 126<br>MO GEO | 235<br>INST MAX | #/100mL |     | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | 97            | ****          | *****           | %       |     | Five per<br>Month | CALCTD             |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM | ****          | ****            | %       |     | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | 99            | ****          | *****           | %       |     | Five per<br>Month | CALCTD             |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | *****                 | ****  | 85<br>MINIMUM | ****          | *****           | %       |     | Monthly           | CALCTD             |

|                           | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   | Leonard Johnson                             | TELEP     | HONE   | DATE       |
|---------------------------|--|---|-----------|--------|------------|
| Leonard Johnson, Operator | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (208)81   | 8-6875 | )6/13/201  |
| TYPED OR PRINTED          | anomation, including the possibility of thic and imprisonment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I worked with Jason on getting this DMR/CDX set up and was told they were doing maintenance on the system on the 9th. It took awhile for me to get all of the account approved and going.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| Γ | ID0022781     |      | 001-A            |
|---|---------------|------|------------------|
|   | PERMIT NUMBER |      | DISCHARGE NUMBER |
|   | MONITO        |      | IC DEDIOD        |
|   | MONTE         | אואל | IG PERIOD        |
|   | MM/DD/YYYY    |      | MM/DD/YYYY       |
|   | 06/01/2017    | 1    | 06/30/2017       |

DMR Mailing ZIP CODE: 83851

MINOR

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                       |                       | QUAN         | ITITY OR LOADII | NG    | Ql              | JALITY OR CON         | CENTRATION            |       | NO. | FREQUENCY          | SAMPLE             |
|---------------------------------------|-----------------------|--------------|-----------------|-------|-----------------|-----------------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER                             |                       | VALUE        | VALUE           | UNITS | VALUE           | VALUE                 | VALUE                 | UNITS | EX  | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT | ****         | ****            | ***** | *****           | 21.5                  | 23.3                  | deg C |     | Continuous         | Recorder<br>(auto) |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | *****           | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |     | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | ****            | 6.67                  | ****                  | mg/L  |     | Monthly            | GRAB               |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****  | ****            | Req. Mon.<br>DAILY MN | ****                  | mg/L  |     | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | 1.37         | 1.65            | lb/d  | *****           | 2.1                   | 2.3                   | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 27<br>MO AVG | 40<br>WKLY AVG  | lb/d  | *****           | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | ****            | 165                   | ****                  | mg/L  |     | Four per<br>Month  | COMP24             |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ****  | *****           | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT | ****         | ****            | ****  | 6.54            | *****                 | 6.87                  | SU    |     | Weekly             | GRAB               |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | ****         | ****            | ****  | 6.5<br>INST MIN | ****                  | 8.5<br>INST MAX       | SU    |     | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | 1.3          | 2.8             | lb/d  | *****           | 2                     | 4                     | mg/L  |     | Four per<br>Month  | COMP24             |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT | 45<br>MO AVG | 67<br>WKLY AVG  | lb/d  | *****           | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |     | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT | ****         | *****           | ***** | *****           | 391                   | *****                 | mg/L  |     | Four per<br>Month  | COMP24             |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT | ****         | ****            | ***** | ****            | Req. Mon.<br>MO AVG   | ****                  | mg/L  |     | Twice per<br>Month | COMP24             |

| <b>.</b>                  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   | Leonard Johnson                             | TELEP     | HONE   | DATE       |
|---------------------------|--|---|-----------|--------|------------|
| Leonard Johnson, Operator | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (208)81   | 8-6875 | )7/10/201  |
| TYPED OR PRINTED          | amormador, moduling the possibility of this and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

| Γ | ID0022781     |     | 001-A            |
|---|---------------|-----|------------------|
|   | PERMIT NUMBER |     | DISCHARGE NUMBER |
|   | MONITO        | RIN | G PERIOD         |
|   | MM/DD/YYYY    |     | MM/DD/YYYY       |
|   | 06/01/2017    | ]   | 06/30/2017       |

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUAN                | ITITY OR LOADI        | NG    | Ql    | JALITY OR CON | CENTRATION            |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|-------|---------------|-----------------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE | VALUE         | VALUE                 | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT | .37                 | 1.13                  | lb/d  | ***** | .54           | .229                  | mg/L    |     | Weekly            | COMP24             |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | ***** | 2.5<br>MO AVG | 7.8<br>DAILY MX       | mg/L    |     | Weekly            | COMP24             |
| Nitrogen, Kjeldahl, total [as N]         | SAMPLE<br>MEASUREMENT | *****               | ****                  | ****  | ***** | ****          | .816                  | mg/L    |     | Quarterly         | COMP24             |
| 00625 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | COMP24             |
| Nitrite + Nitrate total [as N]           | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ***** | ****          | 7.88                  | mg/L    |     | Quarterly         | COMP24             |
| 00630 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ****  | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT | .096                | .156                  | lb/d  | ***** | 149           | 271                   | ug/L    | 2   | Weekly            | COMP24             |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | ***** | 50<br>MO AVG  | 131<br>WKLY AVG       | ug/L    |     | Weekly            | COMP24             |
| Oil and grease                           | SAMPLE<br>MEASUREMENT | ****                | ****                  | ****  | ***** | ****          | 1.2                   | mg/L    |     | Quarterly         | GRAB               |
| 03582 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ****                | ****                  | ****  | ***** | ****          | Req. Mon.<br>DAILY MX | mg/L    |     | Quarterly         | GRAB               |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | .0718               | .0867                 | MGD   | ***** | ****          | ****                  | *****   | 1   | Continuous        | Recorder<br>(auto) |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | ***** | ****          | *****                 | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | *****               | ****                  | ***** | ***** | 1             | 1                     | #/100mL |     | Five per<br>Month | GRAB               |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | ***** | 126<br>MO GEO | 235<br>INST MAX       | #/100mL |     | Five per<br>Month | GRAB               |

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Leonard Johnson/ Operator

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)818-6875

AREA Code

Leonard Johnson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

)7/10/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

DMR Mailing ZIP CODE: 83851

MINOR \$

NOR

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|                                   |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----|-------------|--------|
| PARAMETER                         |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total dissolved           | SAMPLE<br>MEASUREMENT | ****                | ****  | ***** | ****                     | ****  | 324                   | mg/L  |     | Quarterly   | COMP24 |
| 70295 1 0<br>Effluent Gross       | PERMIT<br>REQUIREMENT | ****                | ***** | ***** | *****                    | ***** | Req. Mon.<br>DAILY MX | mg/L  |     | Quarterly   | COMP24 |
| BOD, 5-day, percent removal       | SAMPLE<br>MEASUREMENT | *****               | ****  | ***** | 98                       | ***** | *****                 | %     |     | Monthly     | CALCTD |
| 81010 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ****                | ***** | ***** | 85<br>MINIMUM            | ***** | ****                  | %     |     | Monthly     | CALCTD |
| Solids, suspended percent removal | SAMPLE<br>MEASUREMENT | *****               | ****  | ****  | 99                       | ****  | *****                 | %     |     | Monthly     | CALCTD |
| 81011 K 0<br>Percent Removal      | PERMIT<br>REQUIREMENT | ****                | ***** | ***** | 85<br>MINIMUM            | ***** | *****                 | %     |     | Monthly     | CALCTD |

|                              | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the   | l eonard lonnson                            | TELEPI    | HONE   | DATE       |
|------------------------------|--|---|-----------|--------|------------|
| Leernard Jermiseri, Operator | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (208)818  | 8-6875 | )7/10/201  |
| TYPED OR PRINTED             | and matter, medaling the possibility of the and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLÄRK, MAYOR

| ID0022781     | 001-A            |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO        | ORING PERIOD     |
| MM/DD/YYYY    | MM/DD/YYYY       |
| 07/01/2017    | 07/31/2017       |

DMR Mailing ZIP CODE: 83851

**MINOR** 

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

PLUMMER CREEK External Outfall

No Discharge

|                                       |  | QUANTITY OR LOADING |                |       | QUALITY OR CONCENTRATION |                       |                       |       | NO.      | FREQUENCY          | SAMPLE             |
|---------------------------------------|--|---------------------|----------------|-------|--------------------------|-----------------------|-----------------------|-------|----------|--------------------|--------------------|
| PARAMETER                             |  | VALUE               | VALUE          | UNITS | VALUE                    | VALUE                 | VALUE                 | UNITS | EX       | OF ANALYSIS        | TYPE               |
| Temperature, water deg.<br>centigrade | SAMPLE<br>MEASUREMENT  | ****                | ****           | ***** | *****                    |                       |                       |       |          |                    |                    |
| 00010 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT  | *****               | ****           | ***** | *****                    | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | deg C |          | Continuous         | Recorder<br>(auto) |
| Oxygen, dissolved [DO]                | SAMPLE<br>MEASUREMENT  | ****                | ****           | ****  | ****                     |                       | ****                  |       |          |                    |                    |
| 00300 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT  | ****                | ****           | ***** | ****                     | Req. Mon.<br>DAILY MN | ****                  | mg/L  |          | Monthly            | GRAB               |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT  |                     |                |       | ****                     |                       |                       |       |          |                    |                    |
| 00310 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT  | 27<br>MO AVG        | 40<br>WKLY AVG | lb/d  | ****                     | 10<br>MO AVG          | 15<br>WKLY AVG        | mg/L  |          | Twice per<br>Month | COMP24             |
| BOD, 5-day, 20 deg. C                 | SAMPLE<br>MEASUREMENT  | ****                | ****           | ****  | ****                     |                       | ****                  |       |          |                    |                    |
| 00310 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT  | ****                | ****           | ***** | ****                     | Req. Mon.<br>MO AVG   | ****                  | mg/L  |          | Twice per<br>Month | COMP24             |
| рН                                    | SAMPLE<br>MEASUREMENT  | ****                | ****           | ****  |                          | ****                  |                       |       |          |                    |                    |
| 00400 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT  | ****                | ****           | ****  | 6.5<br>INST MIN          | ****                  | 8.5<br>INST MAX       | SU    |          | Weekly             | GRAB               |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT  |                     |                |       | ****                     |                       |                       |       |          |                    |                    |
| 00530 1 0<br>Effluent Gross           | PERMIT<br>REQUIREMENT  | 45<br>MO AVG        | 67<br>WKLY AVG | lb/d  | ****                     | 17<br>MO AVG          | 25<br>WKLY AVG        | mg/L  |          | Twice per<br>Month | COMP24             |
| Solids, total suspended               | SAMPLE<br>MEASUREMENT  | ****                | ****           | ****  | *****                    |                       | *****                 |       |          |                    |                    |
| 00530 G 0<br>Raw Sewage Influent      | PERMIT<br>REQUIREMENT  | *****               | *****          | ***** | *****                    | Req. Mon.<br>MO AVG   | *****                 | mg/L  |          | Twice per<br>Month | COMP24             |
| NAME/TITLE DDINCIDAL EVECU            | IAME/TITLE PRINCIPAL EXECUTIVE OFFICER direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the |                     |                |       |                          |                       | <u> </u>              | TELL  | EPHONE T | DATE               |                    |

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP LOCATION: 324 TOETLEY ROAD (COEUR D'ALENE

RESERVATION)
ATTN: TIM CLARK, MAYOR

| ID0022781         | 001-A            |  |  |  |  |  |  |
|-------------------|------------------|--|--|--|--|--|--|
| PERMIT NUMBER     | DISCHARGE NUMBER |  |  |  |  |  |  |
| MONITORING PERIOD |                  |  |  |  |  |  |  |
| MM/DD/YYYY        | MM/DD/YYYY       |  |  |  |  |  |  |
| 07/01/2017        | 07/31/2017       |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 83851

MINOR

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

|  |                       | QUANTITY OR LOADING |                       |       | QUALITY OR CONCENTRATION |               |                 |         | NO. | FREQUENCY         | SAMPLE             |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|---------------|-----------------|---------|-----|-------------------|--------------------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE         | VALUE           | UNITS   | EX  | OF ANALYSIS       | TYPE               |
| Nitrogen, ammonia total [as N]           | SAMPLE<br>MEASUREMENT |                     |                       |       | *****                    |               |                 |         |     |                   |                    |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 6.67<br>MO AVG      | 20.8<br>DAILY MX      | lb/d  | *****                    | 2.5<br>MO AVG | 7.8<br>DAILY MX | mg/L    |     | Weekly            | COMP24             |
| Phosphorus, total [as P]                 | SAMPLE<br>MEASUREMENT |                     |                       |       | *****                    |               |                 |         |     |                   |                    |
| 00665 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .133<br>MO AVG      | .35<br>WKLY AVG       | lb/d  | *****                    | 50<br>MO AVG  | 131<br>WKLY AVG | ug/L    |     | Weekly            | COMP24             |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                       |       | ****                     | ****          | ****            | *****   |     |                   |                    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****                    | ****          | ****            | *****   |     | Continuous        | Recorder<br>(auto) |
| E. coli                                  | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** | ****                     |               |                 |         |     |                   |                    |
| 51040 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | *****                    | 126<br>MO GEO | 235<br>INST MAX | #/100mL |     | Five per<br>Month | GRAB               |
| BOD, 5-day, percent removal              | SAMPLE<br>MEASUREMENT | ****                | ****                  | ***** |                          | ****          | ****            |         |     |                   |                    |
| 81010 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM            | ****          | *****           | %       |     | Monthly           | CALCTD             |
| Solids, suspended percent removal        | SAMPLE<br>MEASUREMENT | *****               | ****                  | ***** |                          | ****          | ****            |         |     |                   |                    |
| 81011 K 0<br>Percent Removal             | PERMIT<br>REQUIREMENT | *****               | ****                  | ***** | 85<br>MINIMUM            | ****          | *****           | %       |     | Monthly           | CALCTD             |

| I I | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the |   | TELEPI    | HONE   | DATE       |
|-----|--|---|-----------|--------|------------|
|     | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,  | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)